

FISCAL YEAR 2006-07 BUDGET PLAN

I. EXECUTIVE SUMMARY

A. Agency Section/Code/Name: Section 10 – J12 – Department of Mental Health

B. Statewide Mission: To support the recovery of people with mental illnesses.

C. Summary Description of Strategic or Long-Term Goals:

(1) To create a mental health system of care that is community based

(2) To improve access to emergency and crisis services

(3) To reduce stigma and barriers to seeking and receiving mental health care

D.

Summary of Operating Budget Priorities for FY 2006-07:		FUNDING					FTEs			
		State Non-Recurring	State Recurring	Federal	Other	Total	State	Fed.	Other	Total
Priority No.: 1	Title: Critical Hospital Services – 99 Beds	0	\$6,475,000	0	0	\$6,475,000	0	0	0	0.00
Strategic Goal No. Referenced in <u>Item C Above (if applicable): 2</u> Activity Number & Name: 1002 Long Term Inpatient Psych, 1003 Acute Psych, 1005 Inpatient Forensics, 1006 Inpatient Alcohol & Drug										
Priority No.: 2	Title: Community Services – 100 Beds	0	\$1,500,000	0	\$1,500,000	\$3,000,000	0	0	0	0.00
Strategic Goal No. Referenced in <u>Item C Above (if applicable): 1</u> Activity Number & Name: 1590 Community Residential (Housing) Support										

Summary of Operating Budget Priorities for FY 2006-07:		FUNDING					FTEs			
		State Non-Recurring	State Recurring	Federal	Other	Total	State	Fed.	Other	Total
Priority No.: 3	Title: School-Based Services in Rural Counties	0	\$1,000,000	0	\$500,000	\$1,500,000	0	0	0	0.00
Strategic Goal No. Referenced in Item C Above (if applicable): 1 Activity Number & Name: 997 School-Based Services										
Priority No.: 4	Title: Colleton County Veterans Home Annualization		\$6,000,000	0	\$7,360,000	\$13,360,000				
Strategic Goal No. Referenced in Item C Above (if applicable): Activity Number & Name: 1008 Veterans Nursing Homes										
TOTAL OF ALL PRIORITIES		\$ 0	\$14,975,000	\$ 0	\$9,360,000	\$24,335,000	0.00	0.00	0.00	0.00

E. Agency Recurring Base Appropriation:
 State \$ 173,706,376
 Federal\$ 12,832,762
 Other \$ 165,323,807

F. Efficiency Measures:

G.

Summary of Capital Budget Priorities:			Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Priority No.: 1	Project Name: Bryan and Harris Patient Care Buildings Safety	Project No*:	\$6,098,000	0	0	\$6,098,000

	Renovations Activity Number & Name: 1002 Long Term Inpatient Psych, 1003 Acute Psych					
Priority No.: 2	<u>Project Name:</u> Crafts Farrow Renovation for Forensic Capacity Activity Number & Name: 1005 Inpatient Forensics	Project No*:	\$2,000,000	0	0	\$2,000,000
Priority No.: 3	<u>Project Name:</u> Bryan Renovation for Crisis Capacity Activity Number & Name: 1003 Acute Psych	Project No*:	\$1,250,000			\$1,250,000
Priority No.: 4	<u>Project Name:</u> Columbia Area Mental Health Center Activity Number & Name: 997 School-Based Services, 998 Employment Services, 999 Crisis Stabilization, 1000 Intensive Family Services, 1587 Forensic – Community Mental Health, 1588 Assertive Community Treatment, 1589 Community Based Rehabilitation, 1590 Community Residential (Housing) Support, 1591 Day Treatment, 1592 Outpatient Services	Project No*:	\$10,115,000			\$10,115,000
Priority No.: 5	<u>Project Name:</u> Charleston Center Administration Addition Activity Number & Name: 997 School-Based Services, 998 Employment Services, 999 Crisis Stabilization, 1000 Intensive Family Services, 1587 Forensic – Community Mental Health, 1588 Assertive Community Treatment,	Project No*:	\$1,500,000	0	0	\$1,500,000

	1589 Community Based Rehabilitation, 1590 Community Residential (Housing) Support, 1591 Day Treatment, 1592 Outpatient Services					
Total of All Capital Budget Priorities:			\$20,963,000	\$ 0	\$ 0	\$20,963,000

* If applicable

H. Number of Proviso Changes: 2

I. Signature/Agency Contacts/Telephone Numbers: Kenneth Long 2414 Bull Street, Columbia, S.C. 29201 Telephone: 898-8392

II. DETAILED JUSTIFICATION FOR FY 2006-07 OPERATING BUDGET PRIORITIES

A. Agency Section/Code/Name: 10 – J12 – Department of Mental Health

B. Priority No. 1 of 4

C. (1) Title: **Critical Hospital Services – 99 Beds**

(2) Summary Description:

This request would fund twenty forensic beds to serve patients court-ordered into DMH care; thirty-five acute psychiatric beds at Bryan Psychiatric Hospital to serve patients who are in a psychiatric crisis*; a twelve-bed addictions unit and a twelve-bed co-occurring unit at Morris Village to serve patients with substance abuse disorders; and twenty longer-term beds at Harris Psychiatric Hospital to serve patients who need a longer-term care (formerly cared for at the old state hospital). These beds would serve patients across the state of South Carolina.

***Renovations needed to open these beds (see capital request priority 2) is not estimated to be completed until the end of the third quarter of FY07; therefore, this element of the request was calculated based on operation of one quarter alone. This will result in annualization need in FY08 of \$2,625,000.**

(3) Strategic Goal/Action Plan (*if applicable*):

Inpatient beds in general are necessary to fulfill the mission of the Department of Mental Health to support the recovery of those with mental illnesses. Without sufficient inpatient beds for those patients who truly need them, the community mental health centers have more difficulty caring for those patients. The problem prompting this request has a domino affect on our ability to achieve strategic goal number one, creation of a mental health system that is community-based.

D. Budget Program Number and Name:

II.B.2. Bryan Psychiatric Hospital, II.B.3. Hall Psychiatric Institute, II.B.4. Morris Village, II.B.5. Harris Psychiatric Hospital

E. Agency Activity Number and Name:

1002 Long Term Inpatient Psych, 1003 Acute Psych, 1005 Inpatient Forensics, 1006 Inpatient Alcohol & Drug

F. Detailed Justification for Funding

(1) Justification for Funding Increase:

Medical hospitals around the state, as well as DMH's own community mental health centers, have been urging the Department to open more inpatient beds. DMH lost a significant number of inpatient beds with the closure of the old state mental hospital. Bryan Psychiatric Hospital, with available space of 245, formerly served primarily as an acute (short-term) hospital. On any given day, Bryan now averages about 110 patients who have a length of stay longer than ninety days (which is considered long-term care). This is up from an average of about eighty patients with a long-term stay as of a year ago, which in effect means that there are about thirty fewer beds available for acute care than there were a year ago. Between January and June of 2005, the number of people waiting in medical hospitals for an acute care bed each Monday morning (when the snapshot is taken) averaged about forty, but more recently has been climbing into the fifties and sixties. Opening up thirty-five acute beds at Bryan and twenty longer-term beds at Harris would restore that portion of inpatient beds necessary to ease pressure on emergency rooms and provide more appropriate placement for mental health consumers who are unable to be sustained in the community for the time being.

The Department's waiting list for its forensic facility has reached levels that are unacceptable from both a legal and a patient care point-of-view. A recent surge in emergency admissions from jails (e.g. suicide risks) has decreased available beds for court-ordered pre-trial evaluations and restorations (to competency required to stand trial). The gain of twenty additional beds will allow emergency admissions to be accepted without bumping pretrial evaluations and restoration patients.

For some time, DMH has had to use a waiting list for Morris Village, the inpatient substance abuse treatment program. The waiting list is currently forty-three individuals on the list for involuntary commitment and 145 for those who are voluntarily seeking help. The substance abuse and co-occurring populations in the emergency rooms have increased 33% since January of 2005. There were nineteen such patients in the emergency rooms in January and is now at twenty-eight as of August, 2005. Opening up a twelve-bed addictions rehabilitation unit and a twelve-bed co-occurring (i.e. mental illness plus substance abuse) disorders unit will help bring the list back down. This request makes it more likely that DMH can meet the courts demands for involuntary commitment/substance abuse treatment and makes it less likely that courts will inappropriately order patients into already-clogged acute psychiatric care. The funding also would provide effective treatment for those consumers who are voluntarily seeking treatment and address the concerns of hospital emergency rooms.

Other funds that are carried forward will not be able to meet this need (or any of the others outlined in this budget plan), because 1) the carry forward funds will have to be set aside to take care of the need for a new children's hospital to replace Hall Psychiatric Institute plus other components of DMH which must be vacated so that the old state hospital campus can be sold and 2) DMH has been notified that the source of those carry forward funds (an unexpected increase in disproportionate Medicaid funds) is nonrecurring, so it is not practical to start a recurring program with carry forward funds that the Department will not have available to sustain the program in subsequent years.

FY 2006-07 Cost Estimates:	State Non-Recurring Funds	State Recurring Funds	Federal	Other	Total
Personnel:					
(a) Number of FTEs*					0.00
(b) Salary		\$3,105,000			\$ 3,105,000
(c) Fringe Benefits		\$945,000			\$ 945,000
Program/Case Services					\$ 0
Pass-Through Funds					\$ 0
Other Operating Expenses		\$2,425,000			\$ 2,425,000
Total	\$ 0	\$ 6,475,000	\$ 0	\$	\$ 6,475,000
<i>* If new FTEs are needed, please complete Section F (Detailed Justification for FTEs) below.</i>					

(3) Base Appropriation:

State	\$ 36,535,983
Federal	\$ 92,000
Other	\$ 14,495,387

(4) Is this priority associated with a Capital Budget Priority? Yes If so, state Capital Budget Priority Number and Project Name: Crafts Farrow Renovation for Forensic Capacity and Bryan Renovation for Crisis Capacity

G. Detailed Justification for FTEs

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) Position Details:

	State	Federal	Earmarked	Restricted	Total
Position Title:					

(a) Number of FTEs					0.00
(b) Salary					\$ 0
(c) Fringe Benefits					\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Salary					\$ 0
(c) Fringe Benefits					\$ 0

(3) FTEs in Program Area per FY 2005-06 Appropriation Act:

State _____

Federal _____

Other _____

Agency-wide Vacant FTEs as of July 31, 2005: _____

% Vacant _____%

H. Other Comments:

II. DETAILED JUSTIFICATION FOR FY 2006-07 OPERATING BUDGET PRIORITIES

A. Agency Section/Code/Name: 10 – J12 – Department of Mental Health

B. Priority No. 2 of 4

C. (1) Title: **Community Services – 100 Beds**

(2) Summary Description:

\$1,500,000 would be used to expand Toward Local Care (TLC) capacity by one hundred placements to maintain current patient discharge rates and bed availability. TLC clients are the long-term hospital patients who had, in previous eras, stayed in hospitals year after year, but with TLC support are now able to return to life in the community. TLC allows these patients who have experienced severe illness to transition into more independent supported living arrangements. TLC is a statewide initiative.

(3) Strategic Goal/Action Plan (*if applicable*):

This request is related to the Department's strategic goal of creating a community-based system of mental health care.

D. Budget Program Number and Name: II.A. Community Mental Health

E. Agency Activity Number and Name: 1590 Community Residential (Housing) Support

F. Detailed Justification for Funding

(1) Justification for Funding Increase:

With TLC support, clients who are able to leave the hospital after long term stays can achieve a higher quality of life while simultaneously saving the State money compared to their placement in a hospital. This is consistent with DMH's mission focusing on recovery from mental illness. One hundred beds will allow patients currently being admitted to DMH's inpatient facilities to be discharged to community settings with levels of supervision and support that enable them to avoid readmission. The recidivism rate of TLC clients returning to the hospital has been very low in the previous eleven expansions of TLC that were depopulating the old state hospital for years.

Not only is community care more 'recovery-oriented' than institutional care, it is more cost effective. The annual cost of a high-management TLC placement is approximately \$24,000 vs. an inpatient cost of \$146,000. In addition, clients moving into new TLC care are freeing up the inpatient beds they previously occupied, which is a need documented under budget priority one.

Other funds that are carried forward will not be able to meet this need (as described in priority 1 above).

(2)

FY 2006-07 Cost Estimates:	State Non-Recurring Funds	State Recurring Funds	Federal	Other	Total
Personnel:					
(a) Number of FTEs*					0.00
(b) Salary		700,000		700,000	1,400,000
(c) Fringe Benefits		230,000		230,000	460,000
Program/Case Services		250,000		250,000	500,000
Pass-Through Funds		0			0
Other Operating Expenses		320,000		320,000	640,000
Total	\$ 0	1,500,000	\$ 0	1,500,000	3,000,000
<i>* If new FTEs are needed, please complete Section F (Detailed Justification for FTEs) below.</i>					

(3) Base Appropriation:

State	\$ 63,935,140
Federal	\$ 10,876,590
Other	\$ 84,544,486

(4) Is this priority associated with a Capital Budget Priority? No If so, state Capital Budget Priority Number and Project Name: _____.

G. Detailed Justification for FTEs

(3) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) Position Details:

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Salary					\$ 0
(c) Fringe Benefits					\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Salary					\$ 0
(c) Fringe Benefits					\$ 0

(3) FTEs in Program Area per FY 2005-06 Appropriation Act:

State _____
Federal _____
Other _____

Agency-wide Vacant FTEs as of July 31, 2005: _____

% Vacant _____%

H. Other Comments:

II. DETAILED JUSTIFICATION FOR FY 2006-07 OPERATING BUDGET PRIORITIES

- A. Agency Section/Code/Name: 10 – J12 – Department of Mental Health
- B. Priority No. 3 of 4
- D. (1) Title: Expansion of Children’s School-Based Mental Health Services
(2) Summary Description:

School-based mental health services would be offered to children in additional middle and alternative schools in the following twelve rural counties of the state: Bamberg, Calhoun, Chesterfield, Clarendon, Dillon, Georgetown, Kershaw, Lee Marlboro, Orangeburg, Sumter, and Williamsburg counties.

- (3) Strategic Goal/Action Plan (*if applicable*):

This request is consistent with DMH’s strategic goal of creating a mental health system of care that is community based. The plan is to place an additional fifteen school-based mental health counselors in schools and add one child psychiatrist to each of the four mental health centers encompassing the twelve counties.

- D. Budget Program Number and Name: II.A. Community Mental Health
- E. Agency Activity Number and Name: 997 School-Based Services
- F. Detailed Justification for Funding
(1) Justification for Funding Increase:

The services would be expanded in impoverished areas of the state. Data suggests that children in these counties are “more likely to be poor, undereducated and exposed to life-threatening experiences than children in other areas of South Carolina or in the nation,” and can therefore benefit even more from early intervention. School-based mental health services are a nationally-recognized “best practice” intervention that was developed in South Carolina for South Carolina’s children. Placing counselors in the schools reduces the negative impact of the stigma of mental illnesses on the children’s willingness to seek or participate in treatment by providing their care in a place that is relatively comfortable, familiar, and convenient to the children. School-based services are one of the most-requested, fastest-growing children’s mental health services. It has the support of schools as the treatment of choice for most children. Currently, school-based services

are in 507 (45%) of the state's schools. School-based services complement schools by alleviating the problems posed to schools by mental illnesses in children, which allows the schools to focus on the part of the child's life that schools do best: education.

Other funds that are carried forward will not be able to meet this need (as described in priority 1 above).

(2)

FY 2006-07 Cost Estimates:	State Non-Recurring Funds	State Recurring Funds	Federal	Other	Total
Personnel:					
(a) Number of FTEs*					0.00
(b) Salary		\$750,000		\$375,000	\$ 1,125,000
(c) Fringe Benefits		\$250,000		\$125,000	\$ 375,000
Program/Case Services					\$ 0
Pass-Through Funds					\$ 0
Other Operating Expenses					\$ 0
Total	\$ 0	\$ 1,000,000	\$ 0	\$ 500,000	\$ 1,500,000
<i>* If new FTEs are needed, please complete Section F (Detailed Justification for FTEs) below.</i>					

(3) Base Appropriation:

State	\$ 63,935,140
Federal	\$ 10,876,590
Other	\$ 84,544,486

(4) Is this priority associated with a Capital Budget Priority? No If so, state Capital Budget Priority Number and Project Name: _____.

G. Detailed Justification for FTEs

(4) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) Position Details:

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Salary					\$ 0
(c) Fringe Benefits					\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Salary					\$ 0
(c) Fringe Benefits					\$ 0

(3) FTEs in Program Area per FY 2005-06 Appropriation Act:

State _____

Federal _____

Other _____

Agency-wide Vacant FTEs as of July 31, 2005: _____

% Vacant _____%

H. Other Comments:

II. DETAILED JUSTIFICATION FOR FY 2006-07 OPERATING BUDGET PRIORITIES

A. Agency Section/Code/Name: 10 – J12 – Department of Mental Health

B. Priority No. 4 of 4

C. (1) Title: Colleton County Veterans Nursing Home Annualization
(2) Summary Description:

Recurring funding is needed to replace nonrecurring funding appropriated for FY06 to begin operation of a nursing home facility for veterans at the end of FY06. The facility will operate 220 beds in Colleton County and will accept veterans from across the state. In FY05, Campbell Nursing Home, another 220-bed veterans nursing home, served 319 individuals.

(3) Strategic Goal/Action Plan (*if applicable*):

D. Budget Program Number and Name: II.E. Veterans Services

E. Agency Activity Number and Name: 1008 Veterans Nursing Homes

F. Detailed Justification for Funding

(1) Justification for Funding Increase:

As mandated by bond bill, DMH is completing construction of a veterans' home, Veterans' Victory House, in Colleton County. For FY06 DMH was appropriated \$3.0 million in non-recurring costs for six months' worth of operation. FY07 costs are estimated at \$6.0 million (with additional funding coming from federal veterans funds). If funding is not annualized, DMH will not be able to open the home in FY06 as planned. DMH operates two other veterans' nursing homes: Stone Pavilion at Tucker Center in Columbia and Campbell nursing home in Anderson.

Other funds that are carried forward will not be able to meet this need (as described in priority 1 above).

(2)

FY 2006-07 Cost Estimates:	State Non-Recurring Funds	State Recurring Funds	Federal	Other	Total
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Personnel:					
(a) Number of FTEs*					0.00
(b) Salary				45,000	45,000
(c) Fringe Benefits				15,000	15,000
Program/Case Services					\$ 0
Pass-Through Funds					\$ 0
Other Operating Expenses		6,000,000		7,300,000	13,300,000
Total	\$ 0	6,000,000	\$ 0	7,360,000	13,360,000
<i>* If new FTEs are needed, please complete Section F (Detailed Justification for FTEs) below.</i>					

(3) Base Appropriation:

State \$ 0
Federal \$ 0
Other \$ 0

(4) Is this priority associated with a Capital Budget Priority? No If so, state Capital Budget Priority Number and Project Name: _____.

G. Detailed Justification for FTEs

(5) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) Position Details:

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Salary					\$ 0

(c) Fringe Benefits					\$ 0
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	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Salary					\$ 0
(c) Fringe Benefits					\$ 0

(3) FTEs in Program Area per FY 2005-06 Appropriation Act:

State _____

Federal _____

Other _____

Agency-wide Vacant FTEs as of July 31, 2005: _____

% Vacant _____%

H. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: Section 10 J12 Department of Mental Health
- B. Priority No. 1 of 5
- C. Strategic Goal/Action Plan (*if applicable*):

Inpatient beds in general are necessary to fulfill the mission of the Department of Mental Health to support the recovery of those with mental illnesses. See also description of operating budget request priority 1.

- D. Project Name and Number (*if applicable*): **Bryan and Harris Patient Care Buildings Safety Renovations**
- E. Agency Activity Number and Name: 1002 Long Term Inpatient Psych, 1003 Acute Psych
- F. Description of Priority:

This project is for renovations of patient care buildings of Bryan Psychiatric Hospital and Harris Psychiatric Hospital. The project includes fire retardant treated wood replacement at Bryan Psychiatric Hospital not covered by IRF in the amount of \$3,500,000 and at Harris Psychiatric Hospital a roof replacement, fire alarm replacement, and emergency power supply upgrades estimated at \$2,598,000.

- G. Detailed Justification for Funding
 - (1) Justification for Funding Priority:

This project was included in the agency's CPIP as Plan Year 2006-07 as priority number one. The urgency of the need for inpatient beds, such as those at Bryan and Harris Hospitals, is discussed extensively in operating budget priority one.

(2)

Total Project Cost Estimates:	Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Total Project Cost*	\$6,098,000			\$ 6,098,000

* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

- (1) Will additional annual operating costs be absorbed into your existing budget? _____
 If not, will additional state funds be needed in the future? _____
 If state funds will not be needed in the future, explain the source(s) that will be used.

- (2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

- (1) Will additional annual operating costs be absorbed into your existing budget? _____
If not, will additional state funds be needed in the future? _____
If state funds will not be needed in the future, explain the source(s) that will be used. _____

- (2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

J. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 10 – J12 – Department of Mental Health
- B. Priority No. 2 of 5
- C. Strategic Goal/Action Plan (*if applicable*):

Inpatient beds in general are necessary to fulfill the mission of the Department of Mental Health to support the recovery of those with mental illnesses. See also description of operating budget request priority 1.

- D. Project Name and Number (*if applicable*): Crafts Farrow Renovation for Forensic Capacity
- E. Agency Activity Number and Name: 1005 Inpatient Forensics
- F. Description of Priority:

Renovate Building One of Crafts Farrow property to create additional space appropriate for housing a portion of the forensic population.

- G. Detailed Justification for Funding

(1) Justification for Funding Priority:

This project was not included in the CPIP because it requires an operating request contained in this document (operating budget priority number one). The renovation will create increased forensic capacity to alleviate the waiting list which recently arose. If the Department can not meet the demands of the courts who order individuals into the Department's care, the Department runs the risk of finding itself in contempt of court, which has happened in previous instances. This issue is discussed in depth under operating budget priority number one.

(2)

Total Project Cost Estimates:	Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Total Project Cost*	\$2,000,000			\$ 2,000,000

* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

Will additional annual operating costs be absorbed into your existing budget? No

If not, will additional state funds be needed in the future? Yes

If state funds will not be needed in the future, explain the source(s) that will be used. _____

First Fiscal Year Additional Annual Operating Costs Are Anticipated: \$475,000 Will this fiscal year require a partial or full year's operating funds? Partial If a partial year's funds are required, what portion of the year does it cover? Fourth quarter

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs		475,000			475,000
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	475,000	\$ 0	\$ 0	475,000

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(1) Will additional annual operating costs be absorbed into your existing budget? No

If not, will additional state funds be needed in the future? Yes

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \$1,900,000

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs		1,900,000			1,900,000
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	1,900,000	\$ 0	\$ 0	1,900,000

J. Other Comments:

Please see operating budget request priority one.

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 10 – J12 – Department of Mental Health
- B. Priority No. 3 of 5
- C. Strategic Goal/Action Plan (*if applicable*):

Inpatient beds in general are necessary to fulfill the mission of the Department of Mental Health to support the recovery of those with mental illnesses. See also description of operating budget request priority 1.

- D. Project Name and Number (*if applicable*): Bryan Renovation for Crisis Capacity
- E. Agency Activity Number and Name: 1002 Long Term Inpatient Psych, 1003 Acute Psych
- F. Description of Priority:

Renovate Lodge C at Bryan Psychiatric Hospital to expand Bryan's acute capacity by thirty-five beds.

- G. Detailed Justification for Funding

- (1) Justification for Funding Priority:

This project was not included in the CPIP because it requires an operating request contained in this document (operating budget priority number one). The need for acute inpatient psychiatric beds continues to be an issue. The number of patients who are waiting in emergency rooms for a bed at DMH continues to be problematic for hospitals and patients. Increasing the number of acute beds will relieve pressure on both the hospital system and the Department's own resources, while simultaneously improving care of the patients themselves by getting them into treatment faster.

- (2)

Total Project Cost Estimates:	Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Total Project Cost*	\$1,250,000			\$ 1,250,000

** If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

H. Justification for First Year Additional Future Annual Operating Costs:

Will additional annual operating costs be absorbed into your existing budget? No

If not, will additional state funds be needed in the future? Yes

If state funds will not be needed in the future, explain the source(s) that will be used. _____

First Fiscal Year Additional Annual Operating Costs Are Anticipated: \$875,000 Will this fiscal year require a partial or full year's operating funds? Partial If a partial year's funds are required, what portion of the year does it cover? Fourth quarter

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs		\$675,000			\$ 675,000
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs		\$200,000			\$ 200,000
Total	\$ 0	\$ 875,000	\$ 0	\$ 0	\$ 875,000

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(1) Will additional annual operating costs be absorbed into your existing budget? No

If not, will additional state funds be needed in the future? Yes

If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \$3,500,000

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs		2,700,000			\$ 2,700,000
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs		\$800,000			\$ 800,000
Total	\$ 0	\$ 3,500,000	\$ 0	\$ 0	\$ 3,500,000

J. Other Comments:

Please see operating budget request priority one.

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 10 – J12 – Department of Mental Health
- B. Priority No. 4 of 5
- C. Strategic Goal/Action Plan (*if applicable*):

This request is related to the Department's strategic goal of creating a community-based system of mental health care.

- D. Project Name and Number (*if applicable*): Columbia Area MHC Construction Phase II
- E. Agency Activity Number and Name: 997 School-Based Services, 998 Employment Services, 999 Crisis Stabilization, 1000 Intensive Family Services, 1587 Forensic – Community Mental Health, 1588 Assertive Community Treatment, 1589 Community Based Rehabilitation, 1590 Community Residential (Housing) Support, 1591 Day Treatment, 1592 Outpatient Services
- F. Description of Priority:

Complete construction of the final phase of Columbia Area Mental Health Center to include 53,400 square feet of space for an adult outreach building, training and group facilities, and an adult and acute services building. Currently, Columbia Area MHC has \$1.3 million from a sale of a ground lease on Palmetto Richland Memorial Hospital and was granted \$3 million in the FY00 Bond Bill for phase one of this project.

- G. Detailed Justification for Funding

- (1) Justification for Funding Priority:

This project was included in the agency's CPIP as Plan Year 2006-07 as priority number two. Columbia Area Mental Health Center moved from Ten Medical Park lease on June 30, 2000 into another lease on Marion Street. This results in the Center's services scattered around town in various leased locations. The Center spends valuable resources and time on leases and is concerned that negotiations holding up repairs could compromise safety and/or program accreditation.

(2)

Total Project Cost Estimates:	Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Total Project Cost*	\$10,115,000			\$ 10,115,000

* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

- (1) Will additional annual operating costs be absorbed into your existing budget? _____
If not, will additional state funds be needed in the future? _____
If state funds will not be needed in the future, explain the source(s) that will be used. _____
- (2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (If Section H above represents a full year's operating funds, do not complete this section.)

(2) Will additional annual operating costs be absorbed into your existing budget? _____
 If not, will additional state funds be needed in the future? _____
 If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

J. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 10 – J12 – Department of Mental Health
- B. Priority No. 5 of 5
- C. Strategic Goal/Action Plan (*if applicable*):

This request is related to the Department's strategic goal of creating a community-based system of mental health care.

- D. Project Name and Number (*if applicable*): Charleston Center Administration Addition
- E. Agency Activity Number and Name: 997 School-Based Services, 998 Employment Services, 999 Crisis Stabilization, 1000 Intensive Family Services, 1587 Forensic – Community Mental Health, 1588 Assertive Community Treatment, 1589 Community Based Rehabilitation, 1590 Community Residential (Housing) Support, 1591 Day Treatment, 1592 Outpatient Services
- F. Description of Priority:

To construct approximately 7000 square feet of administrative space to complete the Charleston Community Mental Health Center.

- G. Detailed Justification for Funding

- (1) Justification for Funding Priority:

This project was included in the agency's CPIP as Plan Year 2006-07 as priority number three. The project was originally intended to include space for administration. Construction of the Center was recently completed but because of a delay between submission of the project and approval for funding, inflation in the construction market had resulted in inadequate funding to include all components (clinical and administrative) included in the original design. Therefore, only the clinical portion of the new center was built.

(2)

Total Project Cost Estimates:	Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Total Project Cost*	\$1,500,000			\$ 1,500,000

* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

- (1) Will additional annual operating costs be absorbed into your existing budget? _____
If not, will additional state funds be needed in the future? _____
If state funds will not be needed in the future, explain the source(s) that will be used. _____
- (2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

- (1) Will additional annual operating costs be absorbed into your existing budget? _____
 If not, will additional state funds be needed in the future? _____
 If state funds will not be needed in the future, explain the source(s) that will be used. _____

- (2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

J. Other Comments: